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PTO/SB/01 (12-97)

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	I-2-173.1US
First Named Inventor	DE, et al.
<b>COMPLETE IF KNOWN</b>	
Application Number	Not Yet Known
Filing Date	Not Yet Known
Group Art Unit	Not Yet Known
Examiner Name	Not Yet Known

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SINGLE USER DETECTION**

the specification of which

(Title of the Invention)

 is attached hereto

OR

 was filed on (MM/DD/YYYY)  as United States Application Number or PCT InternationalApplication Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/246,947	11/09/2000	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:  Customer Number 24374 → Place Customer Number Bar Code Label here

Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Namely, the Attorneys of Volpe and Koenig, P.C.			

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:  Customer Number 24374 OR  Correspondence address below

Name	VOLPE AND KOENIG, P.C. DEPT ICC				
Address					
Address					
City			State	ZIP	
Country	Telephone			Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])				Family Name or Surname					
PARTHAPRATIM				DE					
Inventor's Signature								Date	
Residence: City	Farmingdale	State	NY	Country	USA		Citizenship	Indian	
Post Office Address	1233-8 Melville Road								
Post Office Address									
City	Farmingdale	State	NY	ZIP	11735	Country	USA		

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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**DECLARATION****ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
ARIELA		ZEIRA	
Inventor's Signature			
Residence: City	Huntington	State	NY
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<b>Mailing Address</b>	City	State	NY
Huntington		ZIP	11743
		Country	USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
JUNG-LIN		PAN	
Inventor's Signature			
Residence: City	SELDEN	State	NY
Mailing Address	15 COURT STREET		
<b>Mailing Address</b>	City	State	NY
SELDEN		ZIP	11784
		Country	USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
RAJ MANI		MISRA	
Inventor's Signature			
Residence: City	Brooklyn	State	NY
Mailing Address	358 7th Avenue		
<b>Mailing Address</b>	City	State	NY
Brooklyn		ZIP	11215
		Country	USA

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**SINGLE USER DETECTION**the specification of which *(Title of the Invention)* is attached hereto

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OR

 Registered practitioner(s) name/registration number listed below

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Namely, the Attorneys of Volpe and Koenig, P.C.			

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Direct all correspondence to:  Customer Number  OR  Correspondence address below

Name	VOLPE AND KOENIG, P.C. DEPT ICC				
Address					
Address					
City			State	ZIP	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon

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PARTHAPRATIM			DE				
Inventor's Signature						Date	
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Post Office Address	1233-8 Melville Road						
Post Office Address							
City	Farmingdale	State	NY	ZIP	11735	Country	USA

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ARIELA		ZEIRA	
Inventor's Signature		Date	
Residence: City	Huntington	State	NY
Country	USA	Citizenship	USA
Mailing Address 239 West Neck Road			
Mailing Address			
City Huntington		State NY	ZIP 11743
Country USA		Country USA	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
JUNG-LIN		PAN	
Inventor's Signature		Date	
Residence: City	SELDEN	State	NY
Country	USA	Citizenship	TAIWAN
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Mailing Address			
City SELDEN		State NY	ZIP 11784
Country USA		Country USA	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
RAJ MANI		MISRA	
Inventor's Signature	RAJ M. MISRA		Date 11/1/01
Residence: City	Brooklyn	State	NY
Country	USA	Citizenship	INDIA
Mailing Address 358 7th Avenue			
Mailing Address PMB 157			
City Brooklyn		State NY	ZIP 11215
Country USA			

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